

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 39

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. M Robert White, Dr.

Mailing Address Bellview at Jefferson

City State Zip Code
 Roanoke VA 24033-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Roanoke Memorial
Hosp

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.23567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Howard John Wolk, Dr.

Mailing Address Department of Pathology
24 Hospital Avenue

City State Zip Code
 Danbury CT 06810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hosp

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.23586

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. B William Woodward, Dr.

Mailing Address Dept of Path
Po Box 3011

City State Zip Code
 Gillette WY 82717-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell County Memorial
Hosp

Occupation
Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.23566

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

22875.00